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CONFIRMATION NO. 9677

Bib Data Sheet

SERIAL NUMBER 10/672,768	FILING DATE 09/26/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 108.195.118CN2
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/559,366 04/24/2000 ABN
 which is a CON of 08/901,055 07/25/1997 PAT 6,079,409

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 12/24/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>all</i> Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
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TITLE
 Intubating laryngeal mask

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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